Application Serial Number) I hereby declare that all statemen	Day/Month/Year Filed)	(Status-Patented. Pendin	_	
Application Serial Number)	Day/Month/Year Filed)	(Status-Patented. Pendin	g or abando	oned)
37C.F.R. §1.56 which occurred bet filing date of this application:	ween the filing, date of the p	orior application(s) and the na	tional or F	PCT internation
acknowledge the duty to disclose to	o the Office all information k	nown to me to be material to	patentabi	lity as defined
application is not disclosed in the p				
designating the United States of A				
I hereby claim the benefit under 35	5 U.S.C. 8120 of any United	States application(s) or PCT i	internation	al application
Application Serial Number)		Day/Month/Year Filed)		
Application Serial Number)		Day/Month/Year Filed)		
Application Serial Number)	(Country)	Day/Month/Year Filed)		
Thereby claim the benefit under 35				low:
Application Serial Number)	(Country)	Day/Month/Year Filed)	Yes	No
01 06177	IIVAINOL	10 WW 2001		
Application Serial Number)	(Country) FRANCE	Day/Month/Year Filed)10 MAY 2001	X	
and a second sec			Yes	No
<u></u> 00 08898	FRANCE	07 JULY 2000		
STATE				
the same subject matter having a mi	ing date polote that or the app	modulon(e) or many process, and		/ Claimed:
the same subject matter having a fili				i med by me e
America listed below and have also PCT international application(s) des				
certificate or of any PCT internation America listed below and have also				
-		.19 of any foreign application(s		
patent and Trademark Office all infor				
including the claims, as amended b				
on (if applicable). I hereby state c				
amended on (if applicable): \(\square\) was				under article 1
MEANS, AND ON OPTICAL DISK FOR the specification of which (check or			ion Serial	·No □ and wa
Atenti mought on the invention e			NSMISSI	ON BY OPTICA
original, firs ta nd joint inventor (if pl				
Glow rear to my name; I believe th				
	I hereby declare that my resi			
TI DO				

willful false statements and the like so made are punishable by fine or imprisonment, or both, under I8 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: I hereby appoint as my attorneys, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected herewith:

Alvin D. Shulman (19.412) Owen J. Murray (22.111) Allen H. Gerstein (22.218) Nate F. Scarpelli (22.320) Edward M. O'toole (22.477) Michael F. Borun (25.447)

Ordvor Soike (25.542)

Carl Emoore, Jr (26.487) Richard H. Anderson (26.526) Patrick D. Ertel (26.877) James P. Zeller (28.491) William E. McCracken (30.195) Richard A Schnurr (30.890) Anthony Nimmo (30.920) Christine A. Dudzik (31.245) Jefrey S. Sharp (31.879) Martin J. Hirsch (32.237) James J. Napoli (32.361) Richard M. La Barge (32.254) LiHsien Rin-Laures (33.547) Douglas C. Hochsterler (33.710) Robert M. Gerstein (34.824) David W. Clough (36.107) Richar A. Brandon (37.051) Roger A. Hepperman (37.641) David A. Gass (38.153)

Sega correspondance to: WILLIAM E. MCCRACKEN

Marshall. O'Tsole, Gerstein, Murray & Corun PHONE NO. 312-474-6300 STREET 6300 Sears Tower 233 South Wacker Drive CITY & STATE

ZI CODE

233 South Wacker Driv

Chicago, Illinois

60606-6402

ADEMARK ACTION	200 Goddi Wasker Brive Gillougs, Illinois	
Full Name of First or Sole Inventor	Citizenship	
Maurice MILGRAM	FRENCH	
Residence Address – Street	Post Office Address – Street	
7 place Pinel	7 place Pinel	
City (Zip)	City (Zip)	
75013 PARIS	75013 PARIS	
state or Country	State or Country	
FRANCE	FRANCE (M.).	
FRANCE Pate 06 - 09-01	Signature Maurice will som	
Second Joint Inventor, if any	Citizenship	
Residence Address – Street	Post Office Address – Street	
City (Zip)	City (Zip)	
The state or Country	State or Country	
Date	Signature	
Third Joint Inventor, if any	Citizenship	
Residence Address - Street –	Post Office Address – Street	
City (Zip)	City (Zip)	
State or Country	State or Country	
Date	Signature	
Fourth Joint Inventor, if any	Cıtızenship	
Residence Address – Street	Post Office Address – Street	
City (Zip)	City (Zip)	
State or Country	State or Country	
Date	Signature	